

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 7  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 06 / 2016</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>120.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D601309</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2016</b>	
Name of Federal Candidate <b>TRUMP, DONALD, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>224460.90</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 06 / 2016</b>	
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>120.00</b>	
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D601313</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2016</b>	
Name of Federal Candidate <b>Rodham Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought <b>224460.90</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>240.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*King, Crystal, , ,*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 08 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">225.00</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D601543</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 08 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate Rodham Clinton, Hillary, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">224460.90</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 08 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">60.00</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D601545</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 08 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate Rodham Clinton, Hillary, , ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">224460.90</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶					

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">285.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 08 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">225.00</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D601546</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 08 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate TRUMP, DONALD, J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">224460.90</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 10 / 2016</div> </div>		
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2700.00</div>		
City Cheverly	State MD	Zip Code 20781	<b>Transaction ID : D601783</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 10 / 2016</div> </div>		
Purpose of Expenditure Fliers		Category/ Type 004	Name of Federal Candidate Rodham Clinton, Hillary, , , <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		
Calendar Year-To-Date Per Election for Office Sought			Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
<div style="border: 1px solid black; padding: 2px; display: inline-block;">224460.90</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">2925.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 10 / 2016</b>
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>2700.00</b>
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Transaction ID : <b>D601786</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2016</b>
Name of Federal Candidate <b>TRUMP, DONALD, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <b>224460.90</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>Mosaic</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 11 / 2016</b>
Mailing Address <b>4801 Viewpoint Place</b>		Amount <b>60.00</b>
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>
Purpose of Expenditure <b>Fliers</b>	Category/Type <b>004</b>	Transaction ID : <b>D602032</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 11 / 2016</b>
Name of Federal Candidate <b>Rodham Clinton, Hillary, , ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought <b>224460.90</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2760.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 12 / 2016</b>		
Mailing Address 2001 N. Beauregard Street Suite 420			Amount <b>1723.33</b>		
City Alexandria	State VA	Zip Code 22311	Transaction ID : <b>D602017</b>		
Purpose of Expenditure Printing - Canvassing Literature		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 12 / 2016</b>		
Name of Federal Candidate Rodham Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>224460.90</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 14 / 2016</b>		
Mailing Address 4801 Viewpoint Place			Amount <b>720.00</b>		
City Cheverly	State MD	Zip Code 20781	Transaction ID : <b>D602473</b>		
Purpose of Expenditure Fliers		Category/ Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 14 / 2016</b>		
Name of Federal Candidate Rodham Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>224460.90</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>2443.33</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00620583	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2016</b>		
Mailing Address <b>4801 Viewpoint Place</b>			Amount <b>90.00</b>		
City <b>Cheverly</b>	State <b>MD</b>	Zip Code <b>20781</b>	Transaction ID : <b>D602867</b>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 15 / 2016</b>		
Name of Federal Candidate <b>Rodham Clinton, Hillary, , ,</b>			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>224460.90</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Print Logistics</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 15 / 2016</b>		
Mailing Address <b>1700 L Street</b>			Amount <b>31965.86</b>		
City <b>Sacramento</b>	State <b>CA</b>	Zip Code <b>95814</b>	Transaction ID : <b>D602868</b>		
Purpose of Expenditure <b>Fliers</b>		Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 15 / 2016</b>		
Name of Federal Candidate <b>TRUMP, DONALD, J., ,</b>			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought <b>224460.90</b>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>32055.86</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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NAME OF COMMITTEE (In Full) <b>Working America Coalition</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00620583       </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mosaic</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 15 / 2016</div> </div>			
Mailing Address 4801 Viewpoint Place			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>30.00</span> </div>			
City State Zip Code Cheverly MD 20781	Purpose of Expenditure Fliers		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Transaction ID : D602869 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;">10 / 15 / 2016</div> </div>	
Name of Federal Candidate TRUMP, DONALD, J., ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>224460.90</span> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____	

Full Name of Payee			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>			
Mailing Address			Amount <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>			
City State Zip Code	Purpose of Expenditure		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">MM / DD / YYYY</div> <div style="border: 1px solid black; padding: 2px;"></div> </div>	
Name of Federal Candidate			<input type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>30.00</span> </div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span></span> </div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> <span></span> <span>40739.19</span> </div>

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